

Shellfish Bacteriology Water Quality Survey

Shellfish Grower Company Name: _____

Collector: _____

Address: _____

Address: _____

City, State, Postal Code: _____ **WA** _____

Phone: _____

Page: _____ of _____

Date: _____

Area: _____ Shelton _____

Monitoring Program: **RE-CIRCULATING WATER SYSTEM**

Monitoring Agency: ☐ State ☐ Other

Tide Location: _____

Low Tide: _____ Time: _____ Height: _____

Date & Time Rcvd: _____

High Tide: _____ Time: _____ Height: _____

Temp Control: _____

Sam	Sta	Time	Tide	SWT	SS	Subarea/Station Description/Remarks/BIDN	Lab ID #	Total Coli	Fecal Coli	Initials	Report Date
TC						Temperature Control Bottle (1 per box required)					

*Sample(s) will not be examined if received over 30 hours old or if Temperature Control bottle is over 10°C.

HOW TO SUBMIT A RECIRCULATING WATER SYSTEM SAMPLE:

Edited by: _____ Entered by: _____ Proofed by: _____

- 1 Collect the water sample(s).
- 2 Collect one temperature control sample for each package submitted. (I.e.: If three samples are submitted in the same package, only one temperature control bottle is required for the laboratory to verify the holding temperature of the entire package.)
- 3 Complete a Shellfish Bacteriology Water Quality Survey form for each set of samples submitted.
- 4 Package samples with adequate ice pack or bagged ice and packing material (i.e.: Newspaper or bubble wrap) to ensure the samples remain between 0-10°C and are protected from breakage during shipment.
- 5 Ship or hand deliver the package using overnight delivery or same day delivery via Greyhound Express, UPS, or FedEx.. We recommend that sample(s) are submitted to be received before 12:00 noon.

PLEASE NOTE:

* **Samples will not be examined if received over 30 hours old or if the Temperature Control is over 10°C.**

** **Samples are accepted Monday through Thursday from 7:00am to 4:00pm.**

*** **Samples are accepted only until 12:00 noon on Fridays or the day before a holiday.**